

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37486**

FILED NOV 22 1949

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4568

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 47 48	
c. LENGTH OF STAY (In this place) 25 YEARS		d. STREET ADDRESS (If rural, give location) 2930 FOREST AVENUE 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) Frederic b. (Middle) _____ c. (Last) Rooff, Sr			4. DATE OF DEATH (Month) (Day) (Year) OCT-24-1949		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	
8. DATE OF BIRTH JULY 9 1870		9. AGE (In years last birthday) 79 YEARS		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-15 YEARS-ENGINEER HEAT & AIR CONDITIONING		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) PHILADELPHIA, PENNSYLVANIA	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME CARL WILLIAM ROOFF		13b. MOTHER'S MAIDEN NAME WILHELMINA UNKNOWN		14. NAME OF HUSBAND OR WIFE MRS GRETCHEN ROOFF	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 491-10-6927		17. INFORMANT'S SIGNATURE OR NAME FREDERIC ROOFF JR. CHICAGO, ILLINOIS	
(If yes, give war or dates of service)				ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary infarct		DUE TO (b) Coronary thrombosis					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (c) Arteriosclerosis		DUE TO (c) Diabetes mellitus					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION H201				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:55 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE E.C.H. Schmidt (Degree or title) M.D.		23b. ADDRESS St. Luke's Hospital		23c. DATE SIGNED 24 Oct 1949	
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE OCT-26-1949		24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	
				24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	

DATE REC'D BY LOCAL REG. 10-26-49		REGISTRAR'S SIGNATURE E. Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Edward M. Storey

Licensed Embalmer No. *4452*

P. O. Address *K.C. 42nd*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.